



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/04/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000106773

INSTALLATION NAME: NYC DEPT OF EDUCATION - PS 254K

INSTALLATION ADDRESS : 1801 AVENUE Y
BROOKLYN, NY 11235

MAILING ADDRESS : 30-30 THOMSON AVE
LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: NYC DEPT OF EDUCATION - PS 254K
or Current Occupant
ATTN: ALEXANDER LEMPET
30-30 THOMSON AVE
LONG ISLAND CITY, NY 11101**

SEND
COMPLETED
FORM TO:
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
APR 23 A 8:35
RCRA PROGRAMS
BRANCH

1. Reason for
Submittal

MARK ALL
BOX(ES) THAT
APPLY

- Reason for Submittal:
- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
 - ☒ To provide a Subsequent Notification (to update site identification information for this location)
 - ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
 - ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
 - ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
 - ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID
Number

EPA ID Number N Y R 0 0 0 1 0 6 7 7 3

3. Site Name

Name: NYC Dept. of Education - P.S. 254K

4. Site Location
Information

Street Address: 1801 Avenue Y

City, Town, or Village: Brooklyn

County: Kings

State: New York

Country: U.S.

Zip Code: 11235

5. Site Land Type

☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☒ Municipal ☐ State ☐ Other

6. NAICS Code(s)
for the Site
(at least 5-digit
codes)

A. 6 1 1 1 1 0

C.

B.

D.

7. Site Mailing
Address

Street or P.O. Box: 30-30 Thomson Avenue

City, Town, or Village: Long Island City

State: New York

Country: U.S.

Zip Code: 11101

8. Site Contact
Person

First Name: Alexander

MI:

Last: Lempert

Title: Director

Street or P.O. Box: 30-30 Thomson Avenue

City, Town or Village: Long Island City

State: New York

Country: U.S.

Zip Code: 11101

Email: Alempert@nycsca.org

Phone: 718-472-8501

Ext.:

Fax: 718-472-8501

9. Legal Owner
and Operator
of the Site

A. Name of Site's Legal Owner: NYC Dept. of Education

Date Became Owner: 07/11/2001

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☒ Municipal ☐ State ☐ Other

Street or P.O. Box: 30-30 Thomson Avenue

City, Town, or Village: Long Island City

Phone: 718-472-8501

State: New York

Country: U.S.

Zip Code: 11101

B. Name of Site's Operator: NYC Dept. of School Facilities

Date Became Operator: 07/11/2001

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☒ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

- Y ☒ N ☐ 1. **Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.
- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities in 2-4.
- Y ☐ N ☒ 2. **Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- Y ☐ N ☒ 3. **United States Importer of Hazardous Waste**
- Y ☐ N ☒ 4. **Mixed Waste (hazardous and radioactive) Generator**
- Y ☐ N ☒ 5. **Transporter of Hazardous Waste**
If "Yes", mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ 6. **Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y ☐ N ☒ 7. **Recycler of Hazardous Waste**
- Y ☐ N ☒ 8. **Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- Y ☐ N ☒ 9. **Underground Injection Control**
- Y ☐ N ☒ 10. **Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- Y ☐ N ☒ 1. **Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.
- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐
- Y ☐ N ☒ 2. **Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y ☐ N ☒ 1. **Used Oil Transporter**
If "Yes", mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ 2. **Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.
- ☐ a. Processor
- ☐ b. Re-refiner
- Y ☐ N ☒ 3. **Off-Specification Used Oil Burner**
- Y ☐ N ☒ 4. **Used Oil Fuel Marketer**
If "Yes", mark all that apply.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

B004						
B007						

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

Alexander Lempert, Director

04/18/2013



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/17/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYR000106773

INSTALLATION NAME

NYC BD OF ED - PUBLIC SCHOOL 254

INSTALLATION ADDRESS

**1801 AVE Y
BROOKLYN, NY 11235**

MAILING ADDRESS

**30-30 THOMSON AVE
LONG ISLAND CITY, NY 111013045**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: NYC BD OF ED - PUBLIC SCHOOL 254
or Current Occupant
ATTN: TONY ABOABA - PROJECT OFFICER
30-30 THOMSON AVE
LONG ISLAND CITY, NY 111013045**

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)RCRA PROGRAMS
REGION II
2002 JUN -4 AM 9:47

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☐B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR0000106773

II. Name of Installation (Include company and specific site name)

PS 254

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1801 AVENUE Y

Street (Continued)

1

City or Town

BROOKLYN

State

Zip Code

NY 11235-

County Code

County Name

047 KINGS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

ABOABA

(First)

TONY

Job Title

PROJECT OFFICER

Phone Number (Area Code and Number)

718-472-8699

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☒☒

B. Street or P.O. Box

30-30 THOMSON AVENUE

City or Town

LONG ISLAND CITY

State

Zip Code

NY 11101-3045

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

NYC BOARD OF EDUCATION

Street, P.O. Box, or Route Number

28-11 QUEENS PLAZA NORTH 4TH FL

City or Town

LONG ISLAND CITY

State

Zip Code

NY 11101-

Phone Number (Area Code and Number)

718-391-6475

B. Land Type

S

C. Owner Type

S

D. Change of Owner Indicator

Yes

☒

No

Date Changed

Month

Day

Year

Address Verified

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D 0 0 8
7

2
8

3
9

4
10

5
11

6
12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic ☐

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1

2

3

4

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)